Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

|  |  | Effec                                     |                                   |  | 108                                   | 29                               | 7469         | <u></u>                                 |  |                                       |                     |                                       |  |
|--|--|---|-----------------------------------|--|---------------------------------------|----------------------------------|--------------|---|--|---------------------------------------|---------------------|---------------------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) |  |   |                                   |  |                                       |                                  |              | SMALL ENTITY                            |  |                                       |                     | OTHER THAN SMALL ENTITY               |  |
| 7  | TOTAL CLAIMS                                   | S ·                                       | 17                                | 130  |                                       |                                  |              | RATE                                    | FEE                                    | 7                                     | RATE                | FEE                                   |  |
| F  | OR   |   | NUMBER FILED                      |  | NUMBER EXTRA                          |                                  | BASIC FEE    | E 385.00                                | OR                                     | BASIC FEE                             | 770.00              |                                       |  |
| T  | OTAL CHARGE                                    | ABLE CLAIMS                               | 130 mir                           | inus 20=                                       | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 10                               |              | X\$.9=                                  | 600                                    | OR                                    | V046                |                                       |  |
| IN   | IDEPENDENT C                                   | CLAIMS                                    |                                   | , .  |                                       | * 3                              |              | X43=                                    | 1990                                   | 1 1                                   | V00                 | -                                     |  |
| J  | <del></del>                                    | NDENT CLAIM P                             |                                   |  |                                       |                                  |              |   | 129                                    | OR                                    | 22.1                |                                       |  |
| -<br> -  | If the difference                              | e in column 1 is                          | loss than 7                       | aro enter                                      |                                       | column 2                         | 1            | +145=                                   |  | OR                                    | L                   |                                       |  |
| ,  |  | •   |                                   |  | ·                                     | JOIOTTIN Z                       |              | TOTAL                                   | 1504                                   | JOR                                   | TOTAL               |                                       |  |
|  | C  | CLAIMS AS A<br>(Column 1)                 | MENDEL                            |  | T   <br>mn 2) .                       | (Column 3)                       |              | OTHER THA<br>SMALL ENTITY OR SMALL ENTI |  |                                       |                     |                                       |  |
| ENT A  |  | CLAIMS REMAINING AFTER AMENDMENT          |                                   | HIGHI<br>NUME<br>PREVIO<br>PAID F              | IEST<br>BER<br>DUSLY                  | PRESENT<br>EXTRA                 |              | RATE                                    | ·ADDI-<br>TIONAL<br>FEE                |                                       | RATE                | ADDI-<br>TIONAL<br>FEE                |  |
| AMENDMENT                                      | Total  | *   | Minus                             | **   |                                       | = .                              | $  \  $      | X\$ 9=                                  |  | OR                                    | X\$18=              |                                       |  |
| AME  | Independent                                    | *   | Minus                             | *** .  |                                       | = .                              |              | X43=                                    |  | OR                                    | X86=                |                                       |  |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                   |  |                                       |                                  | 1            | +145=                                   | · ·                                    | OR                                    | ÷290=               |                                       |  |
|  |  |   |                                   |  |                                       |                                  |              | TOTAL<br>ADDIT. FEE                     |  | L                                     | TOTAL<br>ADDIT: FEE | · · · · · · · · · · · · · · · · · · · |  |
|  | ·  | (Column 1) (Column 2) (Column 3)          |                                   |  |                                       |                                  |              |   |  |                                       |                     |                                       |  |
| ENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                   | HIGHE<br>NUMB<br>PREVIO<br>PAID F              | BER<br>DUSLY                          | PRESENT<br>EXTRA                 |              | RATE                                    | . ADDI-<br>TIONAL<br>FEE               |                                       | RATE                | ADDI-<br>TIONAL<br>FEE                |  |
| AMENDMENT                                      | Total  | *   | Minus                             | **   |                                       | .=                               |              | X\$ 9=                                  |  | OR                                    | X\$18=              |                                       |  |
| AME  | Independent                                    | *   | Minus                             | ***  |                                       | =                                |              | X43=                                    |  | OR                                    | X86=                |                                       |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT       |   |                                   |  | CLAIM                                 |                                  | -            | +145=                                   |  | QЯ                                    | +290=               |                                       |  |
|  |  |   |                                   |  |                                       |                                  |              | TOTAL                                   |  | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | TOTAL<br>ADDIT. FEE |                                       |  |
|  |  | (Column 1)                                | Αι                                | DDIT. FEE <b>L</b>                             |                                       | , n                              | .UUII., rce. |   |  |                                       |                     |                                       |  |
| SNTC   |  | CLAIMS REMAINING AFTER AMENDMENT          |                                   | (Colum<br>HIGHE<br>NUMBI<br>PREVIOL<br>PAID FO | ST<br>ER<br>USLY                      | PRESENT EXTRA                    |              | ,                                       | ADDI-<br>TIONAL<br>FEE                 |                                       | RATE                | ADDI-<br>TIONAL<br>FEE                |  |
| AMENDMENT                                      | Total  | ė.  | Minus                             | A-4:   |                                       | =                                |              | X\$ 9=                                  |  | OR                                    | X\$18=              |                                       |  |
| ME   |  | <u> </u>                                  | Minus                             | ***  |                                       | =                                |              | X43=                                    |  | OR                                    | X86=                |                                       |  |
| 4  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                   |  |                                       |                                  |              |   |  | -                                     |                     |                                       |  |
| * 11   | the entry in colum                             | nn 1 is less than the                     | entry in colur                    | no 2 write "                                   | o" in colu                            | ımı 3                            |              | +145=                                   |  | <u> </u>                              | +290=               | <u></u>                               |  |
| 44   | the "Highest Num<br>the "Highest Num           | nber Previously Paid                      | d For IN THIS .<br>id For IN THIS | SPACE is In                                    | less than :<br>less than              | 20, enter "20."<br>3, enter "3." |              | TOTAL<br>DIT. FEE                       | ······································ |                                       | TOTAL DOIT. FEE     | · · ·                                 |  |
| Τ.   | he "Highar Nive                                | ber Previously Paid                       | For" (Total or I                  | indenenden:                                    | It is the h                           | niohest number !                 | found        | J in the appro                          | opriale box /                          | in colur                              | nn 1.               |                                       |  |